


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90032 028 ****61.25

DOCUMENT # N02000009106 1. Entity Name 3305 FLAMINGO CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3305 FLAMINGO DR. VERO BEACH, FL 32963			Mailing Address 3305 FLAMINGO DR. VERO BEACH, FL 32963		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	08172007 Chg-NP CR2E037 (12/06)	
4. FEI Number 51-0437059				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZIMMER, JEFFREY J 3305 FLAMINGO DR VERO BEACH, FL 32963			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZIMMER, JEFFREY J 3305 FLAMINGO DR. VERO BEACH, FL 32963 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CLIFTON, J. CHRISTOPHER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3305 FLAMINGO DR. VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CAULEY, ROBERT E <input type="checkbox"/> Delete 3305 FLAMINGO DR. VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CAULEY, ROBERT E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3305 FLAMINGO DR. VERO BEACH, FL 32963	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT LUEDKE, AMBER <input checked="" type="checkbox"/> Delete 3305 FLAMINGO DR. VERO BEACH, FL 32963		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>J. Christopher Clifton</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. CHRISTOPHER CLIFTON		
Date			Daytime Phone #		
8/17/07			772-231-1400		